his honorable discharge. The ceremony was attended by my good friend and colleague, Congressman BOB STUMP, Chairman, House Veterans' Affairs Committee; Mr. Rudy de Leon, Under Secretary of Defense for Personnel and Readiness; Admiral Jim Loy, Commandant, U.S. Coast Guard; and Mr. George Searle, National President, American Merchant Marine Veterans. I would like to thank them for participating in the ceremony and acknowledging the service of Mr. Breaux, Mr. Hoomes, and Mr. Katusa, and the role that these, and all, Merchant Marine veterans played in preserving freedom.

As we mark National Maritime Day, it is important to note that our country's Merchant Mariners continue to stand ready to serve. In fact, the leaders of the major maritime labor unions—the Marine Engineers' Beneficial Association; the International Organization of Masters, Mates and Pilots; the National Maritime Union of America; the American Maritime Officers; and the Seafarers International Union of North America—recently expressed their readiness to support America's military effort in the Balkans. Recent reports that Greek seamen are refusing to support that effort is a reminder of why the United States requires its own highly capable Merchant Marine.

Mr. President, I will treasure that patch of ''Battlin' Pete'' from the Merchant Marine Veterans of World War II. It will always remind me of the importance of National Maritime Day, and of the sacrifices that America's Merchant Mariner veterans have made in the service of their country. For those who braved the Murmansk run; for those who served through the conflicts in Korea, Vietnam, and the Persian Gulf; for those who today stand ready to sail into harm's way with our Armed Forces; we salute you on this day.

EXPRESSION ON VOTES

Mr. BROWNBACK. Mr. President, I regret that due to family business which took me out of the country, I was unable to cast several recorded votes during yesterday's session. While my vote would not have altered the outcome of any of the motions, I would like to express how I would have voted had I been able:

On vote No. 120, a Cloture Motion regarding the motion to proceed to consideration of S. 96, Y2K liability legislation. I would have voted ''AYE.'' It is high time we move to consideration of this important legislation. The turn of the millennium is fast approaching and we must work to protect our citizens and businesses against harmful litigation that benefits no one.

On vote No. 121, amendment numbered 351 to S. 254 offered by Senator ALLARD regarding memorials in public schools, I would have voted ''AYE.'' This amendment will allow students and faculty members to grieve for classmates and colleagues killed on school property in a way that makes them most comfortable.

On vote No. 122, an amendment numbered 352 to S. 254 offered by Senators KOHL and HATCH regarding mandatory safety locks on guns, I would have voted ''AYE.'' This amendment was an example of the importance of bipartisan compromise. The Kohl-Hatch amendment requires all handguns sold or transferred by a licensed dealer to be sold with a locking device. In addition, this amendment provides important liability protections for gun owners who use these safety devices.

On vote No. 13, an amendment numbered 353 to S. 254 offered by Senators HATCH and FEINSTEIN I would have voted ''AYE.'' This important amendment increased penalties for participating in a crime as a gang member; makes it illegal to travel or use the mail for gang business; makes it illegal to transfer firearms to children to commit a crime; makes it illegal to clone pagers; prohibits the distribution of certain information relating to explosives or destructive devices; makes it illegal to wear body armor in the commission of a crime and donates surplus body armor to local Law enforcement agencies; and strengthens penalties for Eco-terrorism.

On vote No. 124, an amendment to S. 254 offered by Senator BYRD I would have voted ''AYE.'' This amendment allows states to enforce their own alcoholic beverage control laws by allowing state prosecutors to bring an injunction in Federal Court if interstate shippers violate State laws.

HEALTH AND THE AMERICAN CHILD

Mr. HATCH. Mr. President, yesterday I met with former Secretary of Health and Human Services Louis Sullivan, who now chairs the prestigious Public Health Policy Advisory Board (PHPAB). Dr. Sullivan presented to me their new report entitled ''Health and the American Child: A Focus on the Mortality Among Children.''

I was immediately struck by the fact that the findings of the PHPAB report underscore both the need for the legislation we are debating here today and the tremendous importance we must place on prevention efforts so that we can reduce unnecessary deaths of our Nation's youth.

According to ''Health and the American Child,'' in the past two decades, two causes of child death have dramatically increased—homicide and suicide, which account for 14% and 7% respectively of all deaths for children under age 19. In teenage black males, the levels are so striking that the report uses the term ''epidemic'' to describe an eight-fold increase in homicide rates among African American youth, now their number one cause of death.

''Homicide and suicide, the greatest new risks to children's health today, require both heightened preventive action as well as research into children's mental health and the social fabric in which they grow and develop.'' And that is precisely what we have been talking about during our debate on S. 254.

The PHPAB report goes on to define the contributing risk factors associated with mortality in children. Homicide and suicide, as the major killers of our children, are most closely associated with firearms, drug and alcohol use, and motor vehicles. These significant increases in both morbidity and mortality among our youth must be addressed and demand aggressive preventive action on our part.

I commend ''Health and the American Child'' to my colleagues and would be glad to make it available to any Senators who care to have the benefit of its considerable findings. ''Health and the American Child'' is really a call to action. It shows so dramatically why this bill we are debating today is important, and why we must set partisan rhetoric aside to get this legislation passed and enacted.

NATIONAL MISSILE DEFENSE ACT

Mr. COCHRAN. Mr. President, on March 17, of this year the Senate passed S. 257, the National Missile Defense Act of 1999, by a vote of 97–3. Subsequently, the House adopted as H.R. 4 a different version of the legislation, and today the House has agreed to the substance of the Senate bill. No further action is required on the bill, and it now goes to the President for his signature.

After many years of debate, Congress has passed legislation stating the national policy to be that the United States will deploy a national missile defense as soon as technologically possible.

Section 2 of the bill notes that, like all discretionary programs, national missile defense is subject to the authorization and appropriation of funds.

Section 3 states that we support the continued reductions in Russian nuclear force levels. There is no linkage between Russian nuclear force levels, or any arms control agreement, and the national missile defense deployment policy of the bill.

I urge the President to sign this bill and put to rest the concerns of many that our country would continue its vulnerability to ballistic missile attack. With the signing of this bill, a new era of commitment to missile defense will begin.

TRADE

Mr. THOMAS. Mr. President, I rise today to address an issue of critical importance to the domestic lamb industry and to producers in my home state of Wyoming. In September 1998, a coalition of individuals from all segments of the U.S. lamb industry filed a Section 201 trade petition with the U.S. International Trade Commission under laws

embedded in the Trade Act of 1974 and every trade act this nation has agreed to since that time.

Our domestic industry filed this trade case in response to the surging, record-setting levels of imported lamb meat from Australia and New Zealand. These individuals, although representing different sectors of the U.S. lamb industry, collectively signed onto this legal battle because each entity has witnessed a drastic impact from lamb imports—imports that increased nearly 50 percent between 1993 and 1997 and continue at an aggressive rate still today.

Under a Section 201 petition, the International Trade Commission is required to conduct an investigation to confirm or dispel the claims asserted within the trade case. Twice the Commissioners heard arguments from both the domestic industry and the importers. Twice the Commissioners rejected the importers arguments. In both instances, the Commissioners voted unanimously—during the injury phase in February and again in March, when they recommended that the President impose some form of trade relief. The Commission's report, and the industry's trade case, now await a final determination by President Clinton.

According to the Commission's report, wholesale imported lamb cuts consistently undercut the price of identical domestic cuts. Evidence of importers underselling domestically produced lamb was found in 79 percent of the product-to-product comparisons with margins of 20 percent to 40 percent. Other comparisons have found margin disparities reaching as high as 70 percent. It is evident that our domestic industry is suffering from the flood of cheap, imported lamb that has swamped the U.S. market and forced prices below break-even levels.

Time is of the essence in this matter as President Clinton has until June 4, 1999, to render his decision on what trade relief, if any, to implement. It is important to remember that under our own trade laws, the requirement of demonstrating that imports are threatening serious injury to the domestic industry has been met. As a result, I urge the President to impose strong, effective and temporary trade relief. More importantly, I urge the President to act on behalf of our producers by seriously considering the undisputed facts outlined in the Commission's report.

EMERGENCY MEDICAL SERVICES EFFICIENCY ACT

Mr. GRAMS. Mr. President, I rise today on behalf of all those who serve their fellow citizens through their active participation in the nation's emergency care system to make my remarks on the introduction of S. 9–1–1, the ''Emergency Medical Services Act of 1999.''

Mr. President, as a Senator who is deeply concerned about the every-expanding size and scope of the federal government, I've long believed Washington is too big, too clumsy and too removed to deal effectively with many of the issues in which it already meddles. However, I also believe there's an overriding public health interest in ensuring a viable and seamless EMS system across the country. By designating this week as national EMS Week, our nation recognizes those individuals who make the EMS system work.

There's no more appropriate time to reaffirm our commitment to EMS by addressing some of the problems the system is presented with daily.

I've often said that Congress has a tendency to wait until there's a crisis before it acts, but Congress cannot wait until there's a crisis in the EMS system before we take steps to improve it. There's simply too much at stake.

Whether we realize it or not, we all depend on and expect the constant readiness of emergency medical services. To ensure that readiness, we need to make efforts to secure the stability of the system. This has been my focus in drafting the EMSEA.

The most important thing we can do to maintain the vitality of the EMS system is to compel the government to reimburse for the services it says it will pay for under Medicare.

In the meetings I've had with ambulance providers, emergency medical technicians, emergency physicians, nurses, and other EMS-related personnel, their most common request is to base reimbursement on a ''prudent layperson'' standard, rather than the ultimate diagnosis reached in the emergency room.

While the Balanced Budget Act of 1997 [BBA] contained a provision basing reimbursement for emergency room services on the prudent layperson standard, I find it troubling HCFA refuses to include ambulance transportation in its regulations as a service covered by the patient protections enacted as part of Medicare Plus Choice. I also believe it is unacceptable that beneficiaries participating in fee-for-service are not granted the protections afforded to those in Medicare Plus Choice.

There has been a great debate in the Senate for the last year regarding protections for consumers against HMOs. Many of my colleagues would be startled to learn of the treatment many seniors have experienced at the hands of their own government through the Medicare fee-for-service program. The federal government would do better to lead by example rather than usurping powers from state insurance commissioners by imposing federal mandates on health insurance plans already governed by the states.

To illustrate how prevalent the problem of the federal government denying needed care to Medicare beneficiaries is, I want to share with you a case my staff worked on relating to Medicare reimbursement for ambulance services. I mentioned this case last year, but it is worth repeating. Please keep in mind that this is the fee-for-service Medicare program.

In 1994, Andrew Bernecker of Braham, Minnesota was mowing with a power scythe and tractor when he fell. The rotating blades of the scythe severely cut his upper arm. Mr. Bernecker tried to walk toward his home but was too faint from the blood loss, so he crawled the rest of the way. Afraid that his wife, who was 86 years old at the time, would panic—or worse, have a heart attack—he crawled to the pump and washed as much blood and dirt off as he could. His wife saw him and immediately called 911 for an ambulance.

He was rushed to the hospital where Mr. Bernecker ultimately spent some time in the intensive care unit and had orthopedic surgery. A tragic story.

In response to the bills submitted to Medicare, the government sent this reply with respect to the ambulance billing: ''Medicare Regulations Provide that certain conditions must be met in order for ambulance services to be covered. Medicare pays for ambulance services only when the use of any other method of transportation would endanger your health.'' The government denied payment, claiming the ambulance wasn't medically necessary.

Apparently, Medicare believed the man's wife—who was, remember, 86 years old—should have been able to drive him to the hospital for treatment. Mr. and Mrs. Bernecker appealed, but were denied and began paying what they could afford each month for the ambulance bill.

After several years of paying $20 a month, the Berneckers finally paid off the ambulance bill. Medicare later reopened the case and reimbursed the Berneckers, but unfortunately, Mr. Bernecker is no longer with us.

I have a few more examples I'd like to share with my colleagues to assure them this is not an isolated incident. In fact, I encourage all of my colleagues to meet and speak with their EMS providers to see first-hand how the lack of consistent reimbursement policy impacts their ability to provide services. This one provision of the Emergency Medical Services Efficiency Act will bring fairness and clarity for both the beneficiary and the EMS provider trying to help those in need.

In Austin, Minnesota, a 66-year-old male was found in a shopping center parking lot slumped over the steering column of his car. The car was in drive, up against a light pole with the wheels spinning and the tread burning off the tires. An Austin policeman at the scene requested an ambulance and the driver was transported to the emergency room. Ambulance transportation reimbursement was denied based on the assumption that the driver could have used other means to get to the emergency room. Apparently, since he was already in the car, he was supposed to drive himself to the hospital despite being unresponsive.

Another case in Minnesota involved a 74-year-old male who was complaining